

EXHIBIT 5
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HB 168

FW: testimony

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HB 168 Judiciary committee
Rose Habib, Professional Research Chemist, Missoula

We all want fewer impaired drivers on the road. We all want safer roads. We want to set standards for behavior that EFFECTIVELY accomplish that. And we want enforceable, equitable, and effective laws to attain these goals.

It is becoming more common for law enforcement and therefore legislatures to rely on science as an enforcement tool. In order to do this effectively, the science must be solid and we must follow where it leads. We cannot merely enact laws we FEEL will accomplish a goal when the science and statistics say otherwise.

With regard to per se drugged driving laws, like HB 168, I defer to study published in Nov 2012. Two economists, one a professor at Montana State University in Bozeman and the other from the University of Colorado, Denver have compiled data following trends in the number of traffic fatalities in 16 states with per se drugged driving laws over the course of 20 years. Their conclusion? Per se drugged driving laws have NO discernible impact on the number of traffic fatalities. <http://ftp.iza.org/dp7048.pdf> Why are we trying to emulate this obviously failed policy?

Section 1 of HB 168 reads in part, 'it is unlawful for any person to drive or control a vehicle while the person's tetrahydrocannabinol level, as shown by analysis of the person's blood, urine, or saliva is 5 ng/mL or more.'

By 'tetrahydrocannabinol', do you mean Delta-9-THC, the singular psychoactive component of cannabis and prescription Marinol? According to the National Highway Transportation Safety Administration, <http://www.nhtsa.gov/People/injury/research/job185drugs/cannabis.htm>, and I quote, "It is difficult to establish a relationship between a person's THC blood or plasma concentration and performance impairing effects."

Many studies have been done trying to establish a relationship between impairment and blood and plasma levels of Delta 9 THC, and the data is still inconclusive. On the other hand, there is little to NO data on delta 9 THC levels in urine or saliva with regard to impairment.

This is hardly the sort of science you'd want to base a law on.

Or, by 'tetrahydrocannabinol' do you mean 11-hydroxy THC or Carboxy-THC? These are the metabolites most often tested for in urine and blood 'tox screens'. A metabolite is the chemical the drug forms after the body 'digests' the drug. The presence of these metabolites only indicates past use. It does not indicate impairment or psychoactivity. Carboxy-THC is NOT psychoactive and can be detected in the blood and urine for over 30 days after a single exposure to cannabis.

The National Highway Transportation Safety Administration declares, Quote" It is inadvisable to try and predict effects based on blood THC concentrations alone, and currently IMPOSSIBLE to predict specific effects based on Carboxy-THC concentrations."

Nearly every one of Montana's over-8000 medical cannabis patients would be guilty of DUI, 24 hours a day, seven days a week, regardless of actual impairment or last occurrence of use. If this is the demographic you are targeting, would it not streamline the system to merely withdraw their driving privileges upon joining the registry? Is that making our roads safer? Is that respectful of our Montana Constitution?

Anderson and Rees reported that 'Despite the fact that these laws have been touted by politicians and academics as an effective strategy for making our roadways safer, we find NO evidence that they reduce traffic fatalities.'

This law will make criminals out of people who are not driving impaired. it will cost us more money to prosecute innocent people, and will not make our roads safer. Vote NO on HB 168.